

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/24/05</u>		2 Serial/Patent # <u>10/518504</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ 100.00							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$							
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/>	Overpayment	Treasury Check									
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:									
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td style="width: 20px;">5</td><td style="width: 20px;">0</td><td style="width: 20px;">--</td><td style="width: 20px;">2</td><td style="width: 20px;">2</td><td style="width: 20px;">2</td><td style="width: 20px;">2</td></tr></table>			5	0	--	2	2	2	2
5	0	--	2	2	2	2					
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Darrell Cottman</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: <u><i>Darrell Cottman</i></u>		PHONE: _____									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: